[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Annual Premium Notice - Family Protection Benefit

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] to provide security and peace of mind for your family. This letter serves as your annual premium notification for your Family Protection Benefit policy.

Policy Details:

- Policy Number: [Policy Number]
- Coverage Type: Family Protection Benefit
- Renewal Date: [Renewal Date]
- Annual Premium Amount: $[Amount]

To ensure your coverage remains active and your family remains protected, please ensure that payment is received by [Due Date].

Payment Options:

- **Online:** Visit [Website URL] and log in to your account.
- **Phone:** Call our automated payment line at [Phone Number].
- **Mail:** Send a check payable to [Insurance Company Name] using the enclosed envelope.

If you have already made this payment or have set up an automatic recurring payment, please disregard this notice.

Should you have any questions regarding your benefits or wish to update your coverage limits, please contact our customer service team at [Customer Service Phone Number] or email [Email Address].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]